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## Social work and human sexuality : an examination of the country's top 25-CWSE ranked MSW curricula

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Hannah Wineburg  
Social Work and Human Sexuality:  
An Examination of the Country's  
Top 25-CSWE Ranked MSW  
Program Curricula

## **ABSTRACT**

Graduate students of social work seek education and training to increase their competency to practice in dynamic, multicultural environments that allow them to help diverse clients with a multitude of mental health and sociological related issues. Moreover, social work programs have long been known for teaching students to be agents of change, in particular preparing social workers to effectively and ethically enhance the wellbeing and productivity of an increasingly diverse client base. This often translates into confronting oppressive systems that uphold traditional policies and practices in areas such as race, class, gender identity, and human sexuality. How are social work programs responding and are they effectively preparing students to become well-versed, culturally competent clinicians in areas of human sexuality? This study examined the United States' top 25 Council on Social Work Education (CSWE) accredited Masters level Social Work (MSW) programs, as defined by the U.S. News & World Report (2012) to understand the extent in which MSW programs offer and require human sexuality courses as part of their curricula during the academic year 2013-2014. Findings revealed that (24%) of graduate students enrolled in the country's top tier MSW programs were not given an opportunity to enroll in a human sexuality course. More importantly, none (0%) of the top 25 MSW programs require human sexuality courses in their social work curriculum. Implications for future research are discussed.

**SOCIAL WORK AND HUMAN SEXUALITY: AN EXAMINATION OF THE  
COUNTRY'S TOP 25-CSWE RANKED MSW PROGRAM CURRICULA**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2015

## **ACKNOWLEDGEMENTS**

This research could not have been completed without the help of Dr. Narviar Barker, my thesis advisor. Thank you, Narviar for your unwavering support, excitement, and patience through this process. Thanks to my family, who provided unconditional love and guidance as I have traversed the ups and downs of my social work journey. And to David, my best friend and love: I am forever grateful to you for those late nights and early mornings. Thanks for signing up for this adventure with me – it would not have been nearly as much fun without you by my side.

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## **CHAPTER I**

### **Introduction**

Sexuality, sex, and gender are basic tenets of human behavior, and prevail across all life cycles. These components are inherent to peoples' lives, and are closely linked to individuals' overall mental and physical health (World Health Organization, 2006). Sex as an act, can be a manifestation of intimacy or love, two factors that are important to human pleasure and sustainability. Despite the universal nature of human sexuality, in the United States, we often skirt around these issues, particularly when they deviate from what has been widely understood as "normal." Yet, as our population becomes increasingly diverse, and more individuals feel comfortable expressing themselves as sexual beings, there must be a shift within the mental health field to support this change. Specifically within the context of a therapeutic relationship, clients are likely to present with problems associated with sexuality, sex, gender, intimacy, and love. When this occurs, do clinical practitioners have the competency skills to fully address these matters? Are prospective therapists, particularly graduate-level social work students, receiving adequate, culturally responsive education and training in human sexuality courses concerning sex, love, sexuality, and gender? Are social work programs preparing graduates to enter the workforce with effective tools to discuss issues of human sexuality? While some clients are more vocal about these topics, others receiving therapy for problems unrelated to sex or gender concerns are still receptive to these issues. When conversations about sexuality, sex, or gender occur within a therapeutic setting, some clinicians are better equipped than others to navigate

these discussions (Miller & Byers, 2012). Why is this the case? Perhaps it is a matter of personal comfort, or perhaps it is a larger reflection of societal discomfort, which has implications in the way educational institutions evolve curricula standards.

Based on my personal experience in a highly reputable, nationally recognized, and accredited graduate level clinical social work program, I have experienced a shortage of relevant literature, didactic practice, and frank discussion that centers on issues of sex, sexuality, and gender in my academic training. Is my experience unique, or is this the case for most graduate level social work programs and students? This question spurred my need to examine the degree to which the top 25 accredited Masters in Social Work (MSW) programs in the United States offer and/or require classes specific to human sexuality within their curriculum. Thus, the central question guiding this research is to what degree are human sexuality courses are offered within the curricula of the top 25 Council on Social Work Education (CSWE) accredited MSW Programs across the U.S.? To accomplish this, I examined the curricula of 25 leading MSW schools across the United States to determine the extent to which sexuality courses are taught as part of their social work curricula.

My review of graduate programs of social work indicates that only recently have courses in human sexuality been taught at Schools of Social Work, with the first courses led by Harvey Gochros at the Division of Social Work, West Virginia University in 1969 (Valentich & Gripton, 1975). In 1972, the McMaster University School of Social Work collaborated with their school of nursing and medicine to offer a course on human sexuality (Gochros, 1970). These courses originated as a result of the school's survey showing that many of their students were ill equipped to discuss sexual matters with clients, let alone discuss specific sexual issues in general. Valentich and Gripton (1975) searched the index of Abstracts for Social Workers using search



keywords like “sex,” “sexuality,” and, “sexual development” for the period 1965 – 1972 to determine the extent to which social work literature addressed this topic area (p. 273). The first five issues of the quarterly Abstracts for Social Workers journal showed five articles on human sexuality. Sex articles were more pronounced by 1966 and the final issue for that year showed ten abstracts related to sex. In 1967, three references were given to sex; and from 1968 – 1970, four, eight and seven articles discussed sex respectively. Twelve articles appeared in 1971 and ten articles in 1972.

Between the 1980s and early 1990s, there was a significant increase in discussion and scholarship around human sexuality and social work, as Taylor and Francis published the *Journal of Social Work and Human Sexuality* (Taylor & Francis Group, n.d.). The birth and death of this publication coincided with the rise and fall of the HIV/AIDS epidemic, and primarily focused on marginalized populations (e.g., Gays and Lesbians) and specific sex related issues (e.g., HIV/AIDS) (McCave, Shepard, & Winter, 2014). Following the demise of the *Journal of Social Work and Human Sexuality*, no other publications have truly been designated to addressing sexuality within the social work arena (McCave et al., 2014). McCave and colleagues suggest that the need for a publication dedicated to the intersection of social work and sexuality was predicated on social, political, and cultural factors pertinent to the 1980s and 1990s. In the present day however, the authors explain, “While there are certainly a number of sexuality-focused journals, there is no longer a human sexuality journal written by and for social workers” (McCave et al., 2014, p.418).

The implication for this void in social work publications arguably affects the entire social work field: The scholars, the practioners, the educators, and the students. Today, there is an even greater demand for social work scholarship and ongoing education on topics related to human

sexuality. Though the social, political, and, cultural climate has changed over the past few decades, the actual teaching of the complexities linked to human sexuality – specifically within social work curricula – has yet to catch up with the widespread need to educate and train social work students (Van Den Berg & Crisp, 2004).

This study used a quantitative, exploratory research design that involved counting, measuring, and analyzing the country’s leading social work graduate programs in an effort to identify schools that offer human sexuality courses in their graduate curricula. Course syllabi, from the top 25-accredited schools of social work were used. This study is also purposive; I examined courses from the 25 leading social work schools as ranked by the U.S. News & World Report (2012). I reviewed existing data found on the Internet that included the top 25 social work schools’ online course catalogs and coinciding syllabi. I reviewed class descriptions, class schedules, and archived data provided from registrars’ websites. I examined the information looking only at classes offered within 2013-2014 academic year. The majority of the courses were offered in the fall 2013 semester and in the spring 2014 semester. Some of the programs offered summer and winter terms; therefore, any human sexuality courses existing during the summer of 2013, or the winter of 2014 were also included. I acknowledge that the study’s timeframe of only one year may be considered a potential limitation of this study.

My method of data extraction helped determine if a course on the topic of human sexuality was offered. If a course was offered, I distinguished it as a ‘required’ course or as an ‘elective’ course. Further, when a course on human sexuality was offered, I examined course syllabi and concluded if it was considered either a “General Education” (e.g., Human Sexuality 101), or if it was tailored to “Minority” or “At-risk” populations (e.g., Treatment Considerations and for LGBT Clients). The delineation between these types of courses will be further discussed

in the next chapter. I then determined the course structure, categorizing them by Micro sequence (i.e., clinical, practice), Macro sequence (policy, research), or an integration of both Micro and Macro.

Education in human sexuality is extremely relevant to the overarching field of social work, and perhaps even more pertinent for those training to become clinicians working in direct practice with clients. The lack of sexuality content in graduate programs of social work directly impacts the competency and value of social workers upon graduation. Prospective consumers/clients arguably wish for therapists to be open-minded, devoid of judgment, and knowledgeable, especially if issues around sex are at the core of their presenting problems. In other words, clients desire help from therapists who approach issues of sexuality freely and from a sex-positive perspective (Bullough, 1976). Navigating conversations of sexuality with a sex-positive approach necessitates open mindedness and acceptance of individual differences as they relate to sexual behavior (Williams, Prior, & Wegner, 2013).

While the kind of training a clinical social worker requires varies with interest, theoretical orientation, and areas of specialization, the interest in and knowledge of skills to work effectively around sexual health is presumably supported within their academic training on human sexuality. Thus, as more and more social work graduates transition into the role of therapist, this study helps to inform whether they likely have received concrete, integrated sexual content that prepares them for clinical practice addressing sexuality issues with diverse populations. Additionally, this empirical investigation contributes to the existing literature relevant to human sexuality. In this research I aim to demonstrate the ongoing need for social work graduate programs, especially those considered the gold-standard in the field, to advance human sexuality

education in their curricula in order to provide culturally competent, diverse, and multi-level ethical care to clients.

Chapter 2, which follows, provides an existing review of literature on human sexuality, definition of terms used in this study, and provides insight into the Council on Social Work Education, National Association of Social Workers and connections between human sexuality requirements and social work licensure.

## **CHAPTER II**

### **Literature Review**

This chapter assesses existing literature on human sexuality and demonstrates how sexuality is central to the conceptualization of human development. By accepting the idea that sexual wellness is integral to the human psyche, as opposed to a subject that is avoided, clinicians open themselves up to a more comprehensive understanding of their clients. Before achieving a clinician status or a therapist title, it is the responsibility of graduate social work programs to design and evolve curricula to prepare students for the myriad of topics they will face in the professional arena. More so now than ever, it has become apparent for the need to integrate courses specific to issues of human sexuality. Though the lack of concentration on human sexuality education is not unique to the field of social work, McCave et al., (2014) assert that social workers see this as a deficit. Learning about and exploring human sexuality, or any major aspect of one's culture or identity, supports culturally competent practice as an ethical standard within the profession (NASW, 2008).

To provide a rudimentary understanding of the existing human sexuality discourse, this chapter is divided into five key concepts: sex and gender; gender identity; sexual orientation and sexual identity, and sexual behaviors. I will also explain the types of human sexuality courses classified in the study, "General Education," and education specific to "Minority/At-risk Populations." General education courses tend to focus on human sexuality in a more all-encompassing fashion, depicting this subject as a universal characteristic of the self. The latter

of the two courses, tend to focus on specific group identities and behaviors. Unfortunately, many of these identities and behaviors have historically been linked to diagnostic and pathological issues that center on sexual minorities, i.e., the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) community. McCave and colleagues (2014) believe that social workers have the ability to be leaders in the effort to revamp this paradigm, but argue that our field's response to human sexuality is a mere reflection of the larger cultural norms and values on sexuality, ones that favor social control over the field's stated emphasis on self-determination and social change.

I further parse the contemporary research on human sexuality by providing a history of the development of human sexuality education and training within social work and mental health disciplines. In doing so, I focus on relevant political, educational, and sociocultural forces that have influenced social work curricula, especially as they relate to human sexuality education. In doing so, I explore how the Council on Social Work Education (CSWE) (2008) addresses human sexuality through its Educational and Policy Accreditation Standards (EPAS). Further, I underscore how the National Association on Social Work (NASW) (2008) upholds Ethical Standards that speak to the intersection of human sexuality, cultural competency, and diversity. For pragmatic purposes, I also examine human sexuality training requirements for certain social work state licensure boards.

### **Key Concepts**

The concepts in this section have elicited decades of great debate. Many of the terms identified below have transformed in meaning and continue to do so. Therefore, it is imperative to be mindful of how these terms are integrated into this study. It is my intention to respect the fluid nature of human sexuality by humbly connecting language to concepts that are not necessarily finite and have the potential to shift and evolve within certain contexts and locations.

**Sex and gender.** According to Johnson and Repta (2012), health research often polarizes sex as “female” and “male,” and gender as “women” and “men” (p.17). They believe, “Sex is a biological construct that encapsulates the anatomical, physiological, genetic, and hormonal variation that exists in species” (p. 19). These researchers also expand on the aforementioned categories of sex to include male, female, intersex, and other. Additionally, they argue that these classifications are not biologically inherent but relative to place and time, accounting for the expansion of research (Johnson & Repta, 2012).

For instance, the process by which doctors determine sex at birth has evolved in recent years. Johnson and Repta (2012) invoke a Fausto-Sterling (2000) study, explaining that in the wake of the intersex movement, which continues to advocate for those whose reproductive or sexual anatomy is ambiguous or variant, now includes genetic and chromosomal evaluations as well as visual assessments of genitals. The days where babies born with intersex bodies receive immediate surgery at birth (where ambiguous genitalia are made to look either male or female) are almost behind us. This is a significant feat within the medical and mental health professions, as it acknowledges the controversy over the physical, emotional, and sexual harm it can cause (Johnson & Repta, 2012.) The evolution of this treatment protocol suggests how important it is to understand sex and its relationship to the individual. It also reinforces that sex, as a biological construct, is relative to place and time. Within the field of social work, this shift in treatment protocol for intersex individuals is essential to education. It underscores that biological sex is not static, and in fact, is a fluid and multidimensional concept that deserves ongoing research and attention.

Gender builds on biological sex to give meaning to sex differences by tacking on labels to individuals (Johnson & Repta, 2012). In an effort to endorse the fluidity of gender, Johnson and Repta (2012) offer the following definition:

Gender is a multidimensional construct that refers to different roles, responsibilities, limitations, and experiences provided to individuals based on their presenting sex/gender. (pp. 20-21)

Gender has been both created and shaped by institutions such as the media, religion, politics, education, as well as other social structures. The role of “institutionalized gender,” explains how these large social systems put forth different values, responses, expectations, and responsibilities to individuals and groups according to gender (Johnson & Repta, 2012, p.21). For instance, workplaces and professions continue to be gendered, as evidence by the fact that women continue to make less than their male counterparts. The authors recognize that institutionalized gender does not exist in a vacuum, and is interconnected with systems like class, race, and sexual identity. They reason that understanding the widespread complexities of how gender is organized brings to light the social, economic, political and educational forces that both marginalize and privilege gender. Ultimately, these systems impact how mental and medical treatments are informed, as well as the availability individuals are afforded with respect to health care resources.

**Gender Identity.** Gender identity is understood as the internal perception of an individual’s gender, which has been often coined by conventional, and arguably outdated, identity labels such as “man” and “woman” (Killermann, 2015). Johnson and Repta (2012) assert that gender identity, like other social identities that relate to physical embodiment, is mediated by location and social environment. Important to the expansion of gender identity vernacular is



“transgender,” which emerged as an umbrella term to include all behavioral manifestations of feeling unlike one’s biological sex. Another iteration, which is increasingly replacing “transgender” is “trans\*” (Killermann, 2015). “Trans\*” refers to a variation of identities that are diverse yet share a common denominator, in that a trans\* person is not a traditional cisgender woman or man (Killermann, 2015). Killermann (2015) explains “Cisgender” as a description for one whose gender identity, gender expression, and biological sex all align (e.g., man, masculine, and male). Trans\* with an asterisk, according to Killerman (2015):

...makes a special note in an effort to include all transgender, non-binary, and gender nonconforming identities, including (but not limited to) transgender, transsexual, transvestite, genderqueer, genderfluid, non-binary, genderfuck, genderless, agender, non-gendered, third-gender, two-spirit, bigender, trans man and trans woman (para.1).

**Sexual orientation and sexual identity.** Sexual orientation is a combination of one’s sexual identity, gender identity, and roles that refer to the sex of the “erotic/love/affectionate partner a person prefers” (Diamond, 2002, p. 326). Lev (2004) describes sexual orientation as, “the self-perception of one’s sexual preference and emotional attraction” (p. 84). Historically, sexual orientation has been branded by same-sex attraction (homosexuals), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals) However, as research has evolved, it has acknowledged a category of individuals with low or absent sexual desire or attractions, low or absent sexual behaviors, or a combination of both (asexuals) (Prause & Graham, 2007). Also pertinent to the human sexuality research is the nuance variation between “sexual identity” and “sexual orientation.” That is, sexual identity is linked to one’s sexual self-concept, which has been expressed as an individual’s evaluation sexual feelings and actions (Pai & Lee, 2012). Important to this distinction between sexual identity and orientation is

the understanding of the term “Queer.” Representing the “Q” in LGBTQ, Queer has been adopted as a go-to identity for folks who fall out of the gender and sexuality norm (Killerman, 2015). Once considered an incredibly derogatory label, Killerman (2015) posits that Queer has been reclaimed by the LGBTQ community and represents a sense of pride.

Based on the work of Rosario, Schrimshaw, Hunter, and Braun (2006), sexual identity may or may not be congruent with biological sex, gender identity, sexual behaviors, or even sexual orientation. The Centers for Disease Control and Prevention (CDC) published a 2011 report on national estimates of several measures of sexual behavior, attraction, orientation, and identity among males and females ages 15-44 during the years 2006-2008 (Howden & Meyer, 2011). The study sample consisted of 13,495 respondents ages 15-44, of which 7,356 identified as females and 6,139 as males (Howden & Meyer, 2011, p.3). Of those considered legal adult participants – ages 18-44, one finding conveyed the association of sexual behavior, sexual attraction, and sexual identity (Howden & Meyer, 2011, p. 13). This particular finding concluded that 9% of women who identified as heterosexual had engaged in same-sex sexual contact during their lifetime, while only 3% of men who identified as heterosexual reported engaging in same-sex sexual contact. Equally among those who identified as homosexual or bisexual, 15% of women and 12% of men reported never having a same-sex experience. 92% of homosexual or bisexual women reported having an opposite-sex sexual partner, compared with 70% of homosexual or bisexual-identified men who reported having had such an experience.

These findings corroborate the shift towards understanding sexuality – and all of its facets – as fluid and not stagnant. Yet, there are certain limitations to this study. For instance, participants were asked to self-report. Self-reporting on topics involving human sexuality can lead to a great deal of discomfort, which may prevent participants to disclose the full truth. The

questions were also retrospective, necessitating participants to remark on historical events. Relying on a person's memory can, at times, lend itself to erroneous information. Despite these limitations, the study has incredible implications for how society can expand its perceptions on sexuality. In other words, labels – such as “heterosexual,” “homosexual,” “bisexual,” and “asexual” do not necessarily reflect or encompass how people behave, feel, or identify at all times in life.

**Sexual behaviors.** Sexual behaviors are the ways in which humans experience and express their sexuality. Expressions can be both overt and covert and from the most obvious to the least obvious. Sexual behaviors involve a variety of activities, and can be divided into acts that involve one person, two, and/or multiple persons. Generally, physical sexual activity involving one person takes the form of masturbation. Masturbation can involve autoerotism, or the use of external stimuli (i.e. sex toys). Sexual activities involving two people can involve but are certainly not limited to vaginal sex, anal sex, oral sex, or mutual masturbation, etc. Sexual activity with more than two people can yield an infinite number of behaviors. Common language used to define sex with more than two include “orgies,” “group sex,” “ménage a trois,” etc. Current research also classifies sexual activity into two categories, “conventional” and “alternative” (McCave et al., 2014). Consequently, using these two categories exclusively insinuates an authority on convention, further isolating those that do not fit into “conventional” understandings and perpetuating the taboo mentality surrounding sexuality.

Understanding these concepts, albeit in a loose and open manner, allows social work students to adopt both a critical consciousness and cultural competence around sexuality. It encourages students of social work to familiarize themselves with various forms of sexual activities and behaviors. It creates a space for students to consider how they themselves engage

in sexual activity, and more importantly, how their prospective clients – whether heterosexual or Queer-identified – enjoy sex. Therefore, adequate training and preparation in human sexuality is integral to the promotion of well roundedness of students of social work. Without education in this arena, Williams et al. (2013) argues that social work programs are restricting the range of human diversity, perhaps even perpetuating “marginalization and othering” (p. 273).

### **Human Sexuality Courses**

**General (human sexuality) education.** General human sexuality education courses can be understood as those that explore the multifaceted nature of sexuality, including biological, psychological, and sociological aspects. Common threads in general education courses are development of a personal sexual philosophy, informed personal choice, awareness, tolerance and respect for sexual diversity in all of its complexities. Some of the courses within this category include titles such as: “Human Sexuality in Clinical Social Work Practice,” “Human Sexuality and Therapeutic Interventions,” and, “Sexualities Across the Life Course,” to name a few.

In general education courses, complexities surrounding human sexuality are observed and negotiated at the individual level. These have resulted in the formation of gender or sexual identity categories that differ and challenge fixed binaries or labels (Dunk, 2007). For example, general human sexuality courses educate students about men who are in heterosexual relationships with women, but who also engage in sexual encounters with men. Instead of considering themselves “bisexual,” “homosexual,” or, “pansexual,” they may choose to identify as “men who have sex with men,” (MSM) (Dunk, 2007, p.136). Hence, human sexuality courses provide deeper insight into one’s sexuality with understanding about gender identity, sexual awareness and sexual orientation.

**Minority/at-risk population education.** In social work theory, practice, and education, individuals have been typically classified by their membership in groups (McPhail, 2004). Specific to the findings in this study, certain courses fall into the category of “Minority” and/or “At-risk” groups. The majority of these courses are predicated in policy and practice with the LGBT community. Examples include course titles such as “Gay, Lesbian, Bisexual and Transgender (GLBT) Individuals and Social Welfare,” “Interpersonal Practice with Lesbian, Gay, Bisexual and Transgender Clients,” and “LGBTQ Communities and Social Policy.”

These courses were dedicated to exploring characteristics and social identities relevant to minority/at-risk membership groups. While it is undoubtedly necessary to continue education on specific groups, especially those that have been historically disenfranchised, McPhail (2004) believes that when minority groups are massed together, with an emphasis on commonalities, inevitably individual differences become minimized. For instance, when the mainstream LGBT movement sought equal rights without challenging the binary of heterosexuality/homosexuality, this led to banal acceptance of a membership into the “sexual minority,” rather than challenging the construction of sexualities in general (McPhail, 2004, p.5). As schools of social work continue to support this type of “essentialist enterprise” in their curricula design, they move further away from upholding the important unique experiences associated with each group and the individuals that constitute them.

### **Human Sexuality Education**

Training in human sexuality content assists social workers and other clinicians in graduate training programs in obtaining competency skills and to become both knowledgeable and comfortable with sexual matters in therapy. As topics involving sexuality continue to become less stigmatized and more mainstream, the idea that sexuality can be linked with

pleasure has also become more socially acceptable. Dunk (2007), asserts that in recent decades, the rise in “sexual politics,” as a result of many social movements – women’s movement, civil rights, gay rights – may explain the shift in understanding human sexuality as less taboo (p.135). The author believes that changes in the nature and duration of commitment patterns, gender expectations, the rise in discourse around abortion rights, and an increase in divorce rates, has freed up discussion about “normative desire and alternative lifestyles” (Dunk, 2007, p. 135). However, as our society moves further away from conceptualizing sexuality in terms of “reproduction,” Dunk (2007) notes that sexuality is still couched in “risk narratives,” stemming from thousands of years of moral and religious dogma (p.135).

The implications for reinterpreting or reconceptualizing sexuality within the context of social work education and practice, speaks to one of the key components in Saleebey’s (1996) research on strengths-based social work practice. Saleebey (1996) frames the strengths-based perspective emphasizing the importance of “rediscovering the wholeness of clients” (p. 297). The author supports a strengths-based perspective in an attempt to correct the destructive emphasis on “what is wrong, what is missing, and what is abnormal” (Saleebey, 1996, p. 296).

Like Saleebey, Dunk (2007) employs a strengths-based approach to normalize human sexuality. Dunk (2007) conceptualizes human sexuality as a means of understanding how people, regardless of sexual identity, individually construct and negotiate their sexuality in relation to prevalent sexual norms, referencing this as “everyday sexuality” (p. 136). “Everyday sexuality,” according to Dunk (2007),

...Sees sexuality as being relevant to all, whereas sexuality located within specific

services relegates its importance to an ‘issue’ or characteristic of a particular client group.

It is proposed that sexuality ought to be of concern to social work because of its relevance to human life (p. 3).

Both Saleebey (1996) and Dunk (2007) aim to decrease pathologizing sexual discourse, making it more individually focused, and concentrating on the uniqueness of a person who accepts that sexuality is part of overall human functioning. This refashioning of sexuality endorses a strengths-based social work practice, practice that should eradicate marginalizing discourse and encourage more openness to people as whole beings.

Dunk’s (2007) conceptualization of sexuality coincides with the World Health Organization’s (2006) working definition developed by a team of international experts who recognize sexuality as:

...a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors (para. 6).

Though this definition is complex, endorsing the notion that human sexuality is central to daily life and is conveyed and experienced in a multitude of ways, McCave et al. (2014) pinpoints that it does not explicitly address the relationship between “sexuality, oppression, and privilege – a connection that is paramount to social workers” (p. 410). In fact, the researchers urge social workers to consider how certain sexual orientations are privileged at the expense of

others. When sexual attitudes, identities, and behaviors are interpreted as “normal,” ultimately the flipside is that other individuals are taught that their sexuality and sexual decisions are “abnormal” (McCave et al., 2014, p. 410).

Social work has a special mission to alleviate and eradicate discrimination, to advocate for social and economic justice, and to work with individuals to improve their quality of life. Social work education is concerned with preparing students to do social work practice competently across populations and contexts (CSWE, 2008), which includes human sexuality that works to eradicate marginalization and othering. McCave and colleagues (2014) support this cause, believing that in order to rectify personal biases and to better prepare social workers to be well-versed in the throng of issues linked to human sexuality, it is the responsibility of the academy, as well as institutional players including the CSWE and NASW to create and support a subfield designated to human sexuality.

### **National Association of Social Workers (NASW)**

The NASW Code of Ethics serves as a guide to social work professional conduct and values. These set of core values are the foundation of the profession and specifically address enhancing human wellbeing and basic human needs of all individuals through service, social justice, dignity and worth of the person, human relationships, integrity and competence (NASW, 2008). Graduate programs of social work should be the leaders in promoting and developing competence among its profession. Yet according to Martin, Messinger, Kill, Holmes, Bermudez and, Sommer (2009), nine percent of educators in their study reported unfamiliarity with sexual orientation issues and thirty percent reported a lack of knowledge in gender identity and expression content. According to the Williams Institute review conducted in April 2011, approximately 3.8% of American adults identify themselves as part of the LGBT community;



wherein, (1.7%) identify as lesbian or gay, (1.8%) bisexual, and (0.3%) transgender, which corresponds to approximately 9 million adult Americans (Gates, 2011). Given these figures and the fact that there is a relationship between social worker knowledge of LGBT issues and how prepared they are to work with this multi-level population (i.e., heterosexual, homosexual, bisexual, asexual, polysexual, pansexual and transexualism), competency-based education should unequivocally begin with graduate education and training.

Nathan (1986) identified four general levels of expertise in human sexuality relevant to the field of social work and specific to sexuality education and training: (1) ability to be comfortable hearing and eliciting sexual material, which is the basic or “entry level” of expertise necessary for all clinicians to treat sexual dysfunction; (2) ability to provide support and intervention specific to human sexuality and sexual functioning; (3) ability to provide sex-specific counseling and psychotherapies specific to the client’s needs; and (4) ability to provide special psychological and mental health intervention directly related to the condition of the client, i.e., gender identity disorders, transgender and other persons with sexual dysfunctioning (Nathan, 1986). These are knowledge and skill levels that prepare clinicians for effective treatment of sexual functioning with their clients. Over 25 years ago, Nathan (1986) believed these levels to be requirements in academic preparation and training. Yet, nearly a quarter of century later, the question remains: Have social work programs gone far enough in their curricula and training programs to prepare graduates to speak more freely and openly about sex and to have competency in their responses?

### **Council on Social Work Education**

The most important justifications for this research are the mandates of the Council on Social Work Education (CSWE). While CSWE does not formally require human sexuality

courses as part of its Educational Policy and Accreditation Standards (EPAS), it does mandate ten core competencies. Many of these competencies underscore the importance of integrating diversity and difference that in reality include facets of human sexuality and are implied in the education competencies (CSWE, 2008). Some of these include same-sex attractions, gender transitions, and cross-cultural and cross-racial partnerships to cite three of a potentially lengthy list. For instance, the CSWE's Educational Policy 2.1.4 – “Engage diversity and difference in practice” – promotes social workers to understand how diversity shapes the human experience (CSWE, 2008, p.4). Within Policy 2.1.4, topics related to human sexuality are undoubtedly addressed, yet perhaps they are, at the same time, the complex dynamics of theory and practice interventions of sexuality and sexual differences are overshadowed by their more easily addressed or less sensitive matters that can fill course content. For example, see Policy 2.1.4. It outlines the many dimensions of diversity as:

The intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation (CSWE, 2008, p. 4-5).

In truth, there is enough in the literature for each of the above to be its own course, and often is, within a Human Behavior and Social Environment (HBSE) course content. While “sex” is in the list, the idea behind this study is to learn if sexual dimensions of complex and diverse human relationships are also covered in theory and practice courses.

In 2007, Lambda Legal contacted CSWE to conduct a study on social work programs to determine to what extent social work programs were preparing their graduates to provide competent and respectful services to LGBT individuals and the LGBTQ community in general (Martin et al., 2009). The study occurred over a one year period and examined the social work

curriculum, including course offerings, course content, and classroom activities and found that Program Directors reported that their programs offered courses focusing on human sexuality (95%), diversity, including LGBT content (68%), and LGBT issues (14%). While 82% of the programs identified in that study offered courses on child welfare, material about LGBT issues was noticeably absent. This study suggests that while CSWE is aware of the omission of human sexuality content within most social work curriculum, much remains to be done in order to correct this shortcoming. My study, conducted eight years after Lambda Legal, shows similar findings and stresses the fact that human sexuality courses still are not yet part of curricula requirements, despite the growing complexities linked to sexual diversity.

### **Clinical Social Work Licensure**

The requirements to become a fully licensed clinical social worker – the highest level of licensure one can achieve – vary state-by-state in this country. The letters affiliated with the full licensure also differ by state, but share a similar status that represents a clinician’s ability to practice independently in all facets of social work including diagnoses and psychotherapy (Social Work License Map, 2015). For purposes of this study, it seemed relevant to examine the differences in requisites of two states – California and Georgia – to see which, if any require a certain number of hours, or continuing education units (CEUs) dedicated to human sexuality training.

The California LCSW (the highest level of licensure for clinical social workers) Education Requirements mandate social workers to complete coursework in specific areas including human sexuality (10 hours). Other areas include: child abuse assessment and reporting (seven hours), alcoholism and chemical dependency (15 hours), spousal/partner abuse (15 hours), and aging and long-term care (10 hours). These requirements can be achieved while

social workers are enrolled in an MSW program. However, in the state of California, the Board of Behavioral Sciences (BBS), which is the regulatory agency responsible for licensing clinical social workers, must approve these courses (Social Work License Map, 2015a). Per California's BBS, additional coursework, such as human sexuality training, is required prior to full licensure to ensure that aspiring clinicians obtain education in key subject matter areas.

There are stark differences in the licensure requisites between California and Georgia. The most evident being that the Georgia Social Work Licensing Board does not require any additional courses prior to or as part of licensing. In fact, Georgia's requirements reflect most states' standards, where additional or specific coursework focusing on human sexuality is not a requirement of the licensing process (Social Work License Map, 2015b). Chances are sexuality issues are equally pervasive in both California and Georgia, but arguably, California's clinical social work licensing standards are where the rest of the states should be headed. However, there may be a reason for this difference. That is, California recognized the need for clinicians to be competent in addressing issues of human sexuality. At the same time, because CSWE has not fully conceded this need in a way that precipitates curricula change across the country, the California BSB took matters into their own hands. One recommendation, which will be expounded at a latter point, encourages CSWE to reevaluate their MSW curricula to include required – as opposed to elective – human sexuality courses. This way, once graduates start working towards licensure, whether it is in California or Georgia, they are not burdened with responsibility to finance additional courses, because their graduate level social work education proved sufficient in certain areas.

## **Summary**

Sexuality, sex, and gender are intrinsic pieces of humanity that prevail across the life cycle and as such, are at the core of human functioning. These basic tenets cannot be overlooked in therapeutic relationships and their connection to the human psyche. As social workers, we encounter many issues related to sexuality, culture, moral and ethical complexities. Graduate training and preparation should be the principal lead as evidenced in social work curricula.

The National Association of Social Workers core principles and the Council on Social Work Education mandates and guidelines set forth guiding principles that require competence and respect for clients served. If these issues are not being addressed in our social work curriculum, how can social workers be prepared to perform multi-level, effective practice with clients who present with conscious or unconscious sexuality-related concerns?

## **CHAPTER III**

### **Methodology**

This chapter discusses the research methodology specific to my study population, ethics and safeguards used in this study, data collection, data analysis and a brief introduction to Chapter 4.

#### **Sample**

Participants in this study included the 25 top-ranked CSWE-accredited Masters in Social Work Schools across the United States, as tiered by the U.S. News & World Report (2012). The U.S. News & World Report analyzes more than 1,300 graduate programs across the United States to determine each year's top ranking schools. It is from this ranking that I selected my schools.

The courses examined for this study were human sexuality courses taught at these ranked institutions during the academic year 2013-2014. This timeframe included courses offered during summer term 2013, fall semester 2013, winter term 2014, and spring semester 2014. Due to the study's timeframe of only one academic year, I recognize this as limitation of this study.

#### **Ethics and Safeguard**

Data for this study was taken from online information obtained from institutions' course catalogues, class descriptions, class schedules and archived data provided from registrars' websites. Individual informed consent is not necessary in online contexts where data exist within the public domain, and where risk of harm to users is low.

## **Data Collection**

For each of the identified schools, I reviewed existing data found on the Internet including online course catalogs and coinciding syllabi. I examined these catalogs looking only at classes offered within 2013-2014 academic year. When a course was offered, I determined whether it was a required course or designated as an elective. If a course on human sexuality was offered, I determined the specific sequence under which the course was categorized (i.e. Clinical Practice, Human Behavior in the Social Environment, Research, Policy). If I was unable to locate a human sexuality course after extensive exploration of a respective school's online course catalog, corresponding syllabi, I then emailed or called the school to speak with Sequence Chair or Curriculum Committee Faculty Chair to obtain clarification. I factored into my research time allotment for the Internet to be not entirely accurate and that schools for social work websites may not be current.

## **Data Analysis**

This study used a quantitative, exploratory research design that involved counting, measuring and analyzing the number of schools in this study that offered human sexuality courses during the designated timeframe. Cumulative frequencies and percentiles were used to report findings.

## **Study Limitations**

Only courses offered during Fall Semester, Spring Semester and Summer Semester of the 2013 – 2014 academic year are examined in this study. Therefore some human sexuality courses may have been offered at other times but are not included in this study. It is also important to note that I, as a researcher, am not intending to defame any institution identified in this study. Each of these schools are accredited by the Council on Social Work Education, and this

organization solely determines whether a curriculum satisfies the education standards set forth by its organization to produce competent social work practitioners.

Another limitation is that sexuality content may be taught in micro and macro social work courses that are not identified as “sexuality courses”, and are thus omitted from this study. Hence, this study reflects only those schools that offered courses specifically identified as human sexuality courses and focused on content related to sex and gender, sexual identity, gender identity, sexual behaviors, sexual orientation, and the like.

### **Study Assumptions**

Sexuality is a natural part of human behavior and is not predisposed to a specific gender or gender identity. Individuals should not be ostracized or rejected for their sexuality. Because sexuality is such a vibrant part of human life, it is assumed that when difficulties arise or issues relating to gender identity and gender arise, that there are competent professionals available to offer help. As social workers, we live by the Social Work Professional Code of Ethics and when we are not prepared to embrace and exercise this code, we are not meeting professional guidelines. Hence an overriding assumption for this study about social work practice is that social workers are being adequately trained to work with diverse clients, and that this training occurs in graduate schools of social work. Findings from this study however refute this assumption.

The following chapter, Chapter 4, discusses research findings and how these findings have implications for social work theory and practice.



## CHAPTER IV

### Findings

This chapter discusses the findings obtained from the data and demographics used in this study. I identify the characteristics of the respondents and their school ranking according to data published in the public domain. I first provide school identification. This is followed by each research question and findings.

#### Characteristics of the Study Population

This study's population is composed of the 25 top-ranking Schools of Social Work in the U.S. as defined by the 2012 U.S. News and World Report. Only the top 25 ranked CSWE-accredited Masters in Social Work Schools are participants in this study. The table below identifies these schools and their ranking.

Top 25 U.S. Masters Level Schools of Social Work

Rank	School Name	Rank	School Name
#1	University of Michigan – Ann Arbor	#11	University of Wisconsin - Madison
#1	Washington University in St. Louis	#11	Virginia Commonwealth University
#3	University of Chicago	#16	Boston University
#3	University of Washington	#16	CUNY – Hunter College
#5	Columbia University	#16	New York University
#5	University of North Carolina – CH	#16	Smith College
#7	University of California—Berkeley	#16	University of California-Los Angeles
#7	University of Texas – Austin	#16	University of Illinois – Urbana - Champaign
#9	Case Western Reserve University	#16	University of Maryland – Baltimore
#10	Boston College	#16	University of Pennsylvania
#11	Fordham University	#24	University of Albany – SUNY
#11	University of Pittsburgh	#24	University of Illinois – Chicago
#11	University of Southern California		

## Research Hypotheses

**Hypothesis 1.** Each of the 25 top-ranking Schools of Social Work in the U.S. *offer* at least one Human Sexuality course within their social work curriculum.

**Findings.** Twenty-four percent (n = 6) of the top-ranking Schools of Social Work *do not* offer any Human Sexuality courses in their curriculum. Study findings show that 36% (n = 9) of the top-ranking schools offer one (1) courses in Human Sexuality; 28% (n = 7) offer two (2) courses; 8% (n = 2) schools offer three (3) courses; and 4% (n = 1) offer nine (9) Human Sexuality courses within their curriculum. Therefore this directional hypothesis, expecting to find all of the 25 top-ranking Schools of Social Work to offer human sexuality courses, is not true. See Table 1 below for the frequency of Human Sexuality courses offered by the top 25 ranking MSW schools.

Table 1. Human Sexuality Courses Offered by Top-Ranking MSW Schools

Number of Top-Ranking MSW Schools that OFFER Human Sexuality Courses	Number of Human Sexuality Courses in Curriculum	Cumulative Frequency	Percentage Frequency
9	1	0.36	36%
7	2	0.28	28%
2	3	0.08	8%
1	9	0.04	4%
6	0	0.24	24%
<b>TOTAL</b> 25	15	1.00	100%

**Hypothesis 2.** Each of the 25 top-ranking Schools of Social Work in the U.S. *require* students to enroll in at least one human sexuality course.

**Findings.** None (0%, (n = 0) of the top-ranking Schools of Social Work *require* their students to enroll in General Human Sexuality courses. One school within this study does offer a Human Sexuality concentration, and this school will be discussed in Chapter 5. Study findings show that while 24% (n = 6) of the top-ranking schools do not offer a course in Human Sexuality, human sexuality courses are taught as electives in 76% (n = 19) of the top-ranking schools in this study. Therefore this directional hypothesis, expecting to find all of the 25 top-ranking Schools of Social Work to *require* students to enroll in a human sexuality course, is not true. See Table 2 below for frequency of those top 25 MSW schools that require enrollment in Human Sexuality Courses.

Table 2. Number of Top-Ranking MSW Schools that Require Human Sexuality Courses

Human Sexuality Courses	Number of Schools Requiring HS Courses	Cumulative Frequency	Percentage Frequency
Not Offered	6	0.24	24%
<i>Required</i>	0	0.00	0%
Taught as Electives	19	0.76	76%
TOTAL	25	1.00	100%

**Hypothesis 3.** Each of the 25 top-ranking Schools of Social Work in the U.S. teach human sexuality courses in *both* the Micro and Macro Practice Sequence.

**Findings.** Twenty-four percent (n = 6) of the top-ranking Schools of Social Work do not offer Human Sexuality courses in the curriculum. Study findings show that 16% (n = 4) of the

top-ranking schools offer Human Sexuality courses in both their Micro (clinical or practice) and Macro (policy and/or research) sequences. Fifty-six percent (n = 14) of the schools offer human sexuality courses in their Micro sequence and 4% (n = 1) of the schools offer human sexuality courses in their Macro sequence. Therefore this directional hypothesis, expecting to find all of the 25 top-ranking Schools of Social Work to offer human sexuality courses in both their Micro and Macro sequence, is not true. See Table 3 for frequency of Micro and Macro Human Sexuality courses.

Table 3. Human Sexuality Courses Taught in both Micro & Macro Sequence

How Schools Sequence their Human Sexuality Courses	Number of Schools	Cumulative Frequency	Percentage Frequency
Course Not Offered	6	0.24	24%
Micro Practice	14	0.56	56%
Macro Practice	1	0.04	4%
<i>Micro &amp; Macro Practice</i>	4	0.16	16%
TOTAL	25	1.00	100%

**Hypotheses 4.** Each of the 25 top-ranking Schools of Social Work in the U.S. will *classify* their human sexuality courses as At-Risk/Special Population courses.

**Findings.** Twenty-four percent (n = 6) of the top-ranking Schools of Social Work do not offer Human Sexuality courses in their curriculum. Study findings show that 16% (n = 4) of the top-ranking schools identify their Human Sexuality courses as At-Risk or Minority Population courses. Twenty-eight percent (n = 7) of the schools place Human Sexuality courses under General Education and thirty-two percent (n = 8) of the schools list human sexuality courses

under both General Education courses and under At-Risk and/or Minority Population course offerings. Therefore this directional hypothesis, expecting to find all of the 25 top-ranking Schools of Social Work to list human sexuality courses as At-Risk or Special Population courses, is not true. See Table 4 for frequency of Human Sexuality Course classifications.

Table 4. Human Sexuality Courses Listed as At-Risk/Special Population Courses

Type of Course	Course Identifier	Cumulative Frequency	Percentage Frequency
Course Not Offered	6	0.24	24%
General Education	7	0.28	28%
<i>At-Risk/Special Population</i>	4	0.16	16%
Located in Both	8	0.32	32%
TOTAL	25	1.00	100%

**Hypotheses 5.** The majority top-ranking Schools of Social Work that teach Human Sexuality courses will be located in the Northeast region of the U.S.

**Findings.** Forty-two percent (n = 10) of the top-ranking Schools of Social Work that teach Human Sexuality courses in the curriculum are located in the Northeast region of the U.S. Twenty-nine percent (n = 7) of the top ranking schools that offer human sexuality courses are located in the Midwest; 12% (n = 3) of the schools are located in the South; and 17% (n = 4) of the schools teaching Human Sexuality courses are located in the West. Therefore this directional hypothesis, expecting to find the 25 top-ranking Schools of Social Work that teach human sexuality courses to be located in the Northeast region of the U.S., is true. See Table 5 for the frequency of Human Sexuality courses taught by region in the United States.

Table 5. Regions Where Human Sexuality Content Most Likely Taught

Region Location	Number of Schools	Schools offering Human Sexuality Courses	Percentage Frequency Overall	Percentage Frequency in Region
Northeast	10	10	53%	100%
Midwest	7	5	26%	71%
South	4	1	5%	25%
West	4	3	16%	75%
TOTAL	25	19	76%	68%

### Summary of Findings

Based upon the findings in this study, human sexuality courses are not required courses for the 25 top-ranking Schools of Social Work in the United States. In fact, not all of the top-ranking Schools of Social Work include human sexuality courses in their curriculum. When such courses are taught in social work curricula, the majority of these courses are offered in the within a program's micro level sequence. The top-ranking social work programs that do offer human sexuality courses are most often located in the Northeast region of the United States.

## **CHAPTER V**

### **Discussion**

This chapter expands upon the results of this study as they relate to the degree of human sexuality courses offered by the top 25 CSWE accredited MSW schools, as defined by the U.S. News & World Report (2012). The findings yield both expected and unexpected results, many that can be generalized to all 235 accredited masters level social work programs in the United States (CSWE, 2015). The chapter also accounts for the study's biases and limitations. It concludes with recommendations and evidence that support both the CSWE and schools of social work to reevaluate curricula design to include human sexuality requirements.

### **Expected Findings**

Although human sexuality courses did not occur at the frequency hypothesized (100%), the majority of schools in this study did offer at least one human sexuality course during the 2013-2014 academic year. This indicates that the field of social work has advanced its efforts since 1969, when the first and only human sexuality course existed within the curricula. On the other hand, this finding suggests that the field of social work continues to mirror societal apprehension and stigma. Harvey Gochros, who is responsible for initiating the original human sexuality course into the social work discipline during the latter part of the 1960s, attributed this phenomenon to the fact that social workers are “people first, and then professionals” (Gochros & Schulz, 1972, p. 246). In other words, many individuals – irrespective of their social work status – have unexamined biases and belief systems that negatively typecast concepts related to human

sexuality. If these biases are not challenged in a competent and culturally responsive manner through education and training, therapists may inevitably privilege their beliefs of sexuality over those of their clients'. This tacit-discriminatory practice proves to be in direct conflict with the NASW's (2008) Ethical Standards underscoring competency and diversity. Specifically, Ethical Standard 1.05, "Cultural Competence and Social Diversity," bounds social workers to address client needs by, "...understand[ing] the nature of social diversity and oppression with respect to ...sex, sexual orientation, gender identity or expression..." (NASW, 2008, para.30). Lack of attention paid to unexamined prejudices within the field positions social workers to collude with oppressive and marginalizing forces that continue to silence or stigmatize sexuality.

A finding that speaks to society's willingness to move with change is the Northeast region of the United States, which seems to be responsive to combatting discriminatory practices by accepting same sex marriages, recognizing differences, and embracing diversity. In brief, states located in the Northeast have participated in legalizing same-sex marriage; ultimately sending a message that love codified by marriage and should not be bound by antiquated gender and sexual binaries. It is highly likely that the demographics, culture, politics, educators, professionals and leaders of the Northeast recognize both the need for dialogue and understanding in human sexuality training, and what better way to initiate such training than skill acquisition in human sexuality for social workers and future clinicians treating individuals with sexual concerns, queries, issues and questions. These service providers must be adequately trained to become comfortable engaging in sometimes-difficult dialogue, encouraged to expand the limited sexual vocabulary that exists, as well as to maintain an ongoing sense of curiosity and humility.



The Northeast region encompasses the majority of the top 25 MSW programs in the country and was hypothesized to have the highest frequency (100%) of schools to offer human sexuality courses. In comparison to its regional counterparts, the Northeast embodies a more progressive disposition. By contrast, the South is the region with fewest number of top 25 MSW programs (25%) and maintains the lowest frequency of schools that offered human sexuality courses (5%). The South also is amongst the most conservative region in race, politics, and religion. The correlation between the majority of the 25 top MSW programs being located in the Northeast (n=10) and the highest frequency of schools in this particular region offering human sexuality courses (100%) is arguably indicative of sociocultural and political influences. For instance, the state of Massachusetts, which is home to three of the top 25 MSW programs, was also the first state in the country to legalize same-sex marriages beginning in 2004. To date, all states located in the Northeast have followed suit, permitting same-sex couples to lawfully wed (Washington Post, 2015).

While the Northeast region has long been recognized for its more liberal-leaning social landscape, this finding further demonstrates differences in social work curricula around the country, and the Northeast is a far cry from the South, which lives up to its Bible Belt label and conservative disposition. We also must not forget that educational institutions are not independent entities.

In the United States, education is primarily a State and local responsibility. States and communities, as well as public and private organizations, establish schools and colleges. Schools and colleges, with oversight, develop uniform curricula and determine requirements for enrollment and graduation. The general structure of education reflects this predominant State and local role. Funding for education is received from State, local, and private sources. There are

other sources of funding; however, this is not the point. What is important is that educational institutions seems to reflect their heritage, culture, history, orientation and beliefs and if such principles are not Christian-based, such as homosexuality, same-sex marriages, transgender, etc., the likelihood of such courses being taught or curricula being developed are slim to none. Currently the openness and progressive attitudes of the Northeast may contribute to its higher numbers of human sexuality courses taught in graduate programs of social work.

### **Unexpected Findings**

Surprisingly, 0% of the top 25 MSW programs in the country require human sexuality courses as part of their curricula. Thus, all of the courses identified in this study were offered as electives. The complete absence of human sexuality course requirements in social work curricula is surprising given the increased visibility of sexual diversity in modern society. As these issues become more pervasive, there are implications for how this will affect the roles of those working in the mental health profession. Moreover, this finding seems controversial as both of the major social work institutions (i.e., CSWE and NASW) responsible for authoring and upholding educational policies and ethical standards that endorse working with socially diverse populations through culturally competent practice. Yet, for all intent and purposes there is no enforcement mechanism that requires these standards to address the LGBTQ community as unique individuals and as whole beings. Consequently the top social work programs have no requirements involving human sexuality education. The NASW's (2008) Ethical Standard 1.05 and CSWE's (2008) 2.1.4 Educational Policy, directly address social workers' responsibilities to both understand and help clients navigate the complexities of sexuality. Perhaps the problem is that the language used in these policies only intimates LGBTQ issues as they pertain to "social diversity" and "marginalized populations" (para. 30; p. 4).

Also, my findings included an unexpected outlier. The one school with a top 25 MSW program offering a specific “Sexual Health and Education” specialization is located in the region with the third lowest frequency (71%) of human sexuality courses. Washington University in St. Louis’s Brown School of Social Work, located in the Midwest, offers a comprehensive and holistic approach to human sexuality education. This program significantly separates itself from its social work counterparts by offering at least nine courses related solely to sexuality during the 2013-2014 academic year to give social work students an educational background the university’s website describes as:

Faculty teaching in the specialization approach ““sexuality”” as ““a central aspect of being human throughout life, encompassing sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, ... reproduction,”” (WHO, 1991) and sexual safety. They conceptualize sexuality as a source of empowerment and as a site of oppression and focus on interventions to improve sexual functioning, satisfaction, and culture. (Washington University St. Louis, 2015)

This specialization is representative of the strengths-based approach to sexual education the field so desperately needed (Gates & Kelly, 2013). Even though this specialization falls short of providing all social workers the appropriate tools to understand and address the universal nature of human sexuality because it is not deemed a requirement, it is evidence that sexuality is a vital part of the human psyche, in all manifestations, and is beginning to be recognized.

### **Limitations and Biases**

There are three major limitations to this study. These include a lack of historical data pertaining to sexuality, the time frame (one academic year), and sample size (the top 25 graduate schools of social work, as defined by the 2012 U.S. News & World Report). The taboo nature of

human sexuality in the past has limited discussion and research. Detailed interviews with a sample population regarding one's sexuality and openness with clinicians, interviews with program directors about their curricula, and discussions with CSWE and NASW Administrators were beyond the scope of this research. It also proved difficult to identify historical trends in the approach to human sexuality education and mental health issues related to sexuality.

The time frame of this study, one academic year, was due to the lack of aggregated data on course offerings and the nine-month time period in which the study was conducted. A more extensive retrospective analysis was not feasible given the tedious nature of extracting this sort of data and the time constraints. It is, however, important to note the number of human sexuality course offerings by any given school vary year to year. Had a larger time frame been used, study results may have been slightly different.

The top 25 CSWE accredited MSW programs (U.S. News & World Report, 2012) was selected, as a representative sample. This decision was made in light of the nature of the data and time constraints of the study. I believe this limitation is mitigated by the fact that the selected programs are ideally representative of the entire social work field. It was decided that the top 25 programs would reflect what all schools would be striving for and thus illustrates the trend of all 235 CSWE accredited MSW programs. This allows the results of my study to be generalized across the field of masters level social work programs.

Finally, my personal biases played a role in the outcome of the study. It is important to note that as a heterosexual, cisgender-female, I have not experienced oppression and marginalization comparable to those who align themselves with the LGBTQ community and therefore cannot fully understand how the influence of the existing MSW curricula has shaped their experiences in a clinical setting. Additionally, the hypotheses and methods were greatly

influenced by my personal belief that human sexuality is not specific to minority and at-risk populations but is central to everyone's mental and physical health. As a student of social work, working towards becoming a licensed clinical social worker, I feel relatively unsuited to traverse the immense complexities of human sexuality and how this may affect my future clients.

### **Implications for Practice and the field of Social Work**

The evolving social, political, and cultural landscapes pertinent to modern society's understanding of human sexuality are becoming more complicated, as evidenced by state level legislation that continues to be shaped by heteronormative understandings of sexuality. While the United States Supreme Court has made great strides to undo various states' discriminatory policies, there is still much work to be done. Policies made at state and federal levels give exigency to those on the ground, placing pressure on the field of social work to revamp the way programs approach human sexuality education. If the institutions charged with preparing social workers to fundamentally change the paradigm of sexual health education and training, by moving away from an oppressive model (e.g., one that has relegated human sexuality services specifically to the LGBTQ community) and embrace a holistic platform, the concept of sexuality has the opportunity to be fully realized as one that is integral to every social relationship and social institution.

Although the NASW and CSWE have acknowledged the importance of human sexuality education of social workers, these organizations and the institutions they oversee have failed to uphold the mission of the social work profession, which aims to enhance the well being of individuals and the larger society. Until human sexuality education becomes a required element in social work training, clinicians will lack effective strategies and interventions to help clients deal with an essential facet of mental and physical health.

Even though among the top 25 CSWE accredited masters level social work programs human sexuality education remains a peripheral concern, the growing frequency of these courses is an acknowledgement that sexuality is a valuable facet of social work education. If this trend persists, it seems apparent that in due time, human sexuality courses will be as relevant and as in high-demand as other issues tackling diversity.

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